

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): John Good T82633 E.I. 88 PO Box 1050 Soledad CA 93960		TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR (Name): IN PRO PER		FILED AUG 05 2008 RICHARD W. WIEKING CLERK, U.S. DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA 08-3689 08-3689 PJH	
NAME OF COURT: U.S. COURT HOUSE			
STREET ADDRESS: 450 GOLDEN GATE AVE Box 36060			
MAILING ADDRESS: SAN FRANCISCO CA 94102			
CITY AND ZIP CODE: Civil Rights Division			
PLAINTIFF or PETITIONER: John Good			
DEFENDANT or RESPONDENT: HEAD LIBRARIAN/Sgt GONZALES Calif Dept of Corrections			
APPLICATION FOR WAIVER OF COURT FEES AND COSTS		CASE NUMBER:	

I request a court order so that I do not have to pay court fees and costs.

1. My address and date of birth are (specify): ADDRESS **PO Box 1050 Soledad CA 93960 E.I. 88**
 Birthdate **8-2-61**

2. ☐ I am receiving financial assistance under one or more of the following programs:
- a. ☐ SSI and SSP: The Supplemental Security Income and State Supplemental Payments Programs
 - b. ☐ AFDC: The Aid to Families with Dependent Children Program
 - c. ☐ Food Stamps: The Food Stamps Program
 - d. ☐ County Relief, General Relief (G.R.) or General Assistance (G.A.)

[If you checked box 2 above, sign at the bottom of this side and DO NOT fill out the rest of the form.]

3. ☒ My gross monthly income is less than the amount shown on the Information Sheet on Waiver of Court Fees and Costs available from the clerk's office.

[If you checked box 3 above, skip 4, complete 5 and 6 on the back of this form, and sign at the bottom of this side.]

4. ☐ My income is not enough to pay for the common necessities of life for me and the people in my family I support and also pay court fees and costs. [If you checked this box you must complete the back of this form.]

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. For the next three (3) years you may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **7-6-08**

John Good
(TYPE OR PRINT NAME)

John Good T82633
(SIGNATURE)

PLAINTIFF: John G. Goss Case 3:08-cv-03285-PJH Document 7 Filed 07/09/2008 Page 21 of 27DEFENDANT: CALIF DEPT OF CORRECTIONS (MEDICAL)

FINANCIAL INFORMATION

5. ☐ My pay changes considerably from month to month. (If you check this box, each of the amounts reported in 6 should be your average for the past 12 months.)

6. My monthly income:

a. My gross monthly pay is:\$ 0

b. My payroll deductions are (specify purpose and amount):

(1)\$ 0(2)\$ 0(3)\$ 0(4)\$ 0My TOTAL payroll deduction amount is:\$ 0

c. My monthly take-home pay is

(a. minus b.):\$ 0

d. Other money I get each month is (specify source and amount):

(1)\$ 0(2)\$ 0The TOTAL amount of other money is:\$ 0

e. MY TOTAL MONTHLY INCOME IS

(c. plus d.):\$ 0

f. The number of people in my family, including me, supported by this money is:

07. a. ☒ I am not able to pay any of the court fees and costs.b. ☐ I am able to pay only the following court fees and costs (specify):

8. My monthly expenses are:

a. Rent or house payment & maintenance\$ 0b. Food and household supplies\$ 0c. Utilities and telephone\$ 0d. Clothing\$ 0e. Laundry and cleaning\$ 0f. Medical and dental payments\$ 0g. Insurance (life, health, accident, etc.)\$ 0h. School, child care\$ 0i. Child, spousal support (prior marriage)\$ 0j. Transportation and auto expenses (insurance, gas, repair)\$ 0

k. Installment payments (specify purpose and amount):

(1)\$ 0(2)\$ 0(3)\$ 0The TOTAL amount of monthly installment payments is:\$ 0

9. I own the following property:

a. Cash\$ 0

b. Checking, savings and credit union accounts (list banks):

(1)\$ 0(2)\$ 0(3)\$ 0

c. Cars, other vehicles and boat equity (list make, year of each):

(1)\$ 0(2)\$ 0(3)\$ 0d. Real estate equity\$ 0l. Amounts deducted due to wage assignments and earnings withholding orders\$ 0

m. Other expenses (specify)

(1)\$ 0(2)\$ 0(3)\$ 0(4)\$ 0(5)\$ 0(6)\$ 0The TOTAL amount of other monthly expenses is:\$ 0

n. MY TOTAL MONTHLY EXPENSES ARE

(add a. through m.):\$ 0

e. Other personal property — jewelry, furniture, furs, stocks, bonds, etc. (list separately):

10. Other facts which support this application are (describe unusual medical needs, expenses for recent family emergencies, or other unusual expenses to help the judge understand your budget). If more space is needed, attach page labeled attachment 10.

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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

FORMA PAUPERIS AFFIDAVIT

I hereby apply for leave to proceed without prepayment of fees, costs, or security thereof. In support of my application, I declare under penalty of perjury that the following facts are true:

- 1) I am the Plaintiff, and I believe I am entitled to redress.
- 2) I am unable to pay the costs of said action or give security because:

I AM AN INDEGENT INMATE I HAVE NO PAY NUMBER
OR NO JOB BECAUSE IM DISABLED AND HAVE
HAD Ø ON MY BOOK FOR 7 MONTHS

- 3) The nature of this action is:

Civil Rights violation of my First, Sixth &
FOURTEENTH AMENDMENTS, ACCESS TO LAW FORM PREPARATION,
ACCESS TO LAW BOOKS AND RIGHT TO LAW LIBRARY

7-6-08

(Date)

John Lood

(Signature of Petitioner)

at your own expense. In that event, the Marshall will not be available for service under this Court's General Order No. 17, a copy of which is attached.

You are required to furnish, so that the United States Marshall can complete service, the correct name and address of each person you have named as defendant.

A Plaintiff is required to give information to the United States Marshall to enable the Marshall to complete service of the complaint upon all persons named as Defendants.

You will note that you are required to give facts. *This complaint should not contain legal arguments or citations.*

When these forms are completed, mail the original and the copies to the Clerk of the United States District Court for the Northern District of California; 450 Golden Gate Avenue, Box 36060, San Francisco, California, 94102.